

**ARIZONA STATE BOARD OF NURSING
COMPLIANCE DEPARTMENT**

ALTERNATIVE TO DISCIPLINE AND MONITORING PROGRAMS

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NURSING EMPLOYER PERFORMANCE EVALUATION REPORT

PARTICIPANT: _____ SHIFT: _____

EVALUATION PERIOD: _____ to _____

FACILITY: _____ UNIT: _____

SUPERVISOR'S NAME: _____ PHONE NUMBER: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

1. Does this nurse handle, administer or access controlled medications? YES NO

If yes, does the nurse waste controlled medications appropriately and in amounts similar to coworkers?

2. How many hours a week does the nurse work?

3. Has the nurse been at work when scheduled? Yes No
4. If the nurse has been absent from work, has he or she followed facility policy for notification of absence and shown responsibility in reporting? Yes No NA
5. Has the nurse performed at the level expected without counseling? Yes No

Describe interpersonal relationships with co-workers/peers:

Does the nurse conduct themselves professionally?

Please explain any NO answers below and/or enter any other comments regarding this nurse:

